

## CROWN POINT PUPS BASKETBALL REGISTRATION FORM

PAID \$.

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Player's Name-----		Birthdate-----	
Address-----		City-----	
Father's Full Name-----		Phone-----	
Mother's Full Name-----		Phone-----	
Approx. Height-----		School Attending-----	
Age	Sex--- (circle one)    M    F	<b>Grade this Fall---</b>	
Shirt Size (circle one)	Youth S    Youth M    Youth L    Adult S	Adult M    Adult L    Adult XL	
Please circle the following that apply	I wish to volunteer for the above child's team as: Coach      Asst. Coach      My Name:		
My child will be unable to attend practice for Pups Basketball on the following day(s) of the week: Every effort is made to honor requests, but we cannot guarantee that they will be met.	<b>Parent E-Mail Address Please</b>	My Major, Senior or Prep Division son is trying out for a school team and may not be able to participate in Pups Basketball. Please hold my check until I notify you of his status. I have included a self-addressed, stamped envelope to return my check. Please check here.	Does your child intend to play AAU / other Basketball during the Pups season?  Yes                  No

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Crown Point Community School Corporation shall not be in any way held liable for any accident or injury. We also agree to abide by the Crown Point Pups Rules and to behave in a sportsmanlike manner at Pups games which we may attend.

**SIGNATURE OF PARENT OR GUARDIAN:**

. Date:

<b>FOR LEAGUE USE ONLY</b>	<b>DIVISION</b>	<b>TEAM</b>	<b>NO.</b>
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